

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10) 582682	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	19	↔		↔		↔
TOTAL CLAIMS	20					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			
TOTAL DEP.			↔		↔	
TOTAL CLAIMS						